



Project Goal/Feedback Form

Instructions: Click your cursor inside the gray box and enter the appropriate information. Delete the instructional text in the box.

Personal Data

Employee:	
Supervisor:	
Project Manager:	

Goal Statement

Briefly describe what is expected from the employee while he/she is working on the project. Please be as specific as possible so that all parties will understand what the employee is being asked to do and how to evaluate his/her contribution.

Signatures

Employee signature:		Date:
Supervisor signature:		Date:
Project Manager signature:		Date:

When this statement is completed, please send a copy to the employee's manager. If date or other content for a goal needs to be changed, do so with a brief note citing the reason. This form can be completed by the project manager, the employee, or both.

Comments on Performance

Briefly evaluate the employee's performance while working under your supervision.

Signatures

Supervisor signature:		Date:
Project Manager signature:		Date:

When the form is complete, supervisors should attach the form directly to the annual review.